

# HORSE RACING FACILITIES

## Eligible Operations:

- Harness Tracks
- Off-track Betting Parlors
- Quarter Horse Tracks
- Racino Gambling
- Simulcast Facilities
- Thoroughbred Tracks

## Ineligible for this program:

- Chariot Racing
- Dog Racing
- Steeplechase Events

## K&K Benefits:

- Experienced & professional staff dedicated exclusively to servicing the K&K Pari-mutuel Program for over 25 years
- Active participation in industry trade shows and meetings
- Over 70 years of experience providing sports, leisure and entertainment insurance
- In-house underwriting, policy administration, loss control and claims services
- 24-hour emergency claims phone service
- Insurance carriers rated "A" or higher by A.M. Best
- Premium installment plans available

K&K offers horse track insurance solutions for a variety of facilities including horse racing complexes, harness tracks, off-track betting parlors, quarter horse tracks, racino gambling facilities, simulcast facilities, and thoroughbred horse tracks.

- Minimum account premium: \$3,500

## Coverages Available & Program Highlights:

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### General Liability

- Legal Liability to Participants
- Horse Legal Liability
- Liquor Liability
- Employee Benefits Liability

### Property

### Inland Marine

### Commercial Auto

### Crime

### Excess Liability

### Jockey Accident Medical Coverage

### Workers' Compensation (in select states)

## Common Associated Exposures:

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- |                               |                          |
|-------------------------------|--------------------------|
| - Casinos                     | - Hotel/Motel            |
| - Entertainment               | - Promotional activities |
| - Food & beverage concessions | - Restaurants/lounges    |
|                               | - Valet parking          |

Insuring the world's fun.®

**Contact Information:**

P.O. Box 2338 Fort Wayne, IN 46801-2338

**Horse Racing Program**

PHONE: 800.440.5580

FAX: 260.459.5810

EMAIL:

KK.VenueGaming@  
kandkinsurance.com

WEB SITE:

kandkinsurance.com

K&K Insurance Group, Inc. is a licensed insurance producer in all states (TX license #13924); operating in CA, NY and MI as K&K Insurance Agency (CA license #0334819)

All descriptions, summaries or highlights of coverage are for general informational purposes only and do not amend, alter or modify the actual terms or conditions of any insurance policy. Coverage is governed only by the terms and conditions of the relevant policy.

**Submission Instructions:**

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To request an insurance quotation through this program, please apply online or complete the appropriate PDF application and submit as directed in the application. Coverage is subject to underwriting, may not be available to all applicants in all states, and may vary by state. It is important to carefully review the terms and conditions of any insurance quotation. Please contact a K&K representative if you have any questions.

**Preliminary Underwriting Information Required:**

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- Application(s) (see below)
- ACORD application(s) for other requested coverages
- Five years of company loss runs
- Most current financial statement
- Copy of stall agreement

**Horse Racing Application(s):**

(Applications can be obtained from our web site: [kandkinsurance.com](http://kandkinsurance.com))

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**K&K Application(s)**

- Horse Track Liability Information Form
- Horse Legal Liability Application
- Participant Legal Liability Horse Racing Supplemental Application
- Liquor Liability Application (if needed)
- Security Supplemental Information
- Jockey Accident Medical Proposal Request Form (if needed)

**ACORD Application(s)**

- Property
- Crime
- Commercial Auto
- Inland Marine
- Excess Liability

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CA #0334819

## HORSE TRACK LIABILITY INFORMATION FORM

Insured's name (as will appear on policy): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Track address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Does the Named Insured own the track premises? ..... ☐ Yes ☐ No

**IF NO, PLEASE ATTACH A COPY OF CURRENT LEASE AGREEMENT.**

2. Are grounds completely fenced? ..... ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

3. Who is responsible for the following? (check one)

	INSURED	SUB-CONTRACTED*	OTHER	(DESCRIBE)
Parking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Maintenance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Concession Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Liquor Sales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
First Aid (personnel)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Events	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Fireworks Displays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____
Amusement Devices/Rides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	_____

4. Do all subcontractors and/or facility users carry liability limits at least equal to \$1,000,000? ..... ☐ Yes ☐ No

Is facility listed as an additional insured, indemnified and held harmless? ..... ☐ Yes ☐ No

**PLEASE PROVIDE COPIES OF CONTRACTS AND CERTIFICATES OF INSURANCE.**

5.	<u>Additional Insured</u>	<u>Business Relationship</u>	<u>Certificate Required</u>
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____

6. Number of years the current owner has owned this facility: \_\_\_\_\_

7. Number of years the current management has been involved with the track: \_\_\_\_\_

8. Type of racing: \_\_\_\_\_

9. Dates of racing season(s): \_\_\_\_\_

a. Number of live racing days: \_\_\_\_\_

b. Average daily attendance (live racing): \_\_\_\_\_

c. Number of simulcast days (with no live racing): \_\_\_\_\_

d. Average daily attendance (simulcast days): \_\_\_\_\_

e. Annual Attendance last year: \_\_\_\_\_ Live Racing: \_\_\_\_\_ Simulcast: \_\_\_\_\_

10. Do you own/operate any off-track betting locations?..... ☐ Yes ☐ No

Mailing Address:\_\_\_\_\_

City:\_\_\_\_\_ State:\_\_\_\_\_ Zip:\_\_\_\_\_

Total non-betting receipts:\_\_\_\_\_

11. List total grandstand capacity:\_\_\_\_\_ age: \_\_\_\_\_

Construction:\_\_\_\_\_

List total clubhouse capacity:\_\_\_\_\_ age: \_\_\_\_\_

Construction:\_\_\_\_\_

List total bleacher capacity:\_\_\_\_\_ age: \_\_\_\_\_

Construction:\_\_\_\_\_

12. Fire prevention services on site:\_\_\_\_\_

a. What percentage of the grandstand/clubhouse is sprinklered?\_\_\_\_\_ %

b. Are fire extinguishers easily accessible in all buildings?..... ☐ Yes ☐ No

How often are they checked? \_\_\_\_\_ By Whom? \_\_\_\_\_

c. Are hydrants and hoses strategically located and accessible?..... ☐ Yes ☐ No

Is water source: ☐ Municipal line ☐ On premises reservoir

☐ Fire station tank truck ☐ Other:\_\_\_\_\_

13. Are any non-racing activities or exposures sponsored by the track management held at this facility during:

Non-racing season?..... ☐ Yes ☐ No

Racing season? ..... ☐ Yes ☐ No

On race days?..... ☐ Yes ☐ No

If yes, explain and **PROVIDE A COMPLETE LISTING OF ALL EVENTS:** \_\_\_\_\_

14. PLEASE ATTACH A SCHEDULE OF ANY NON-RACING EVENTS, NOT SPONSORED BY TRACK  
MANAGEMENT, FOR WHICH COVERAGE IS DESIRED.

15. Are there any other types of attractions or facilities on the grounds such as playgrounds, parks, ponds, etc. for which  
coverage is desired? ..... ☐ Yes ☐ No

Height of slide:\_\_\_\_\_

16. Is an overnight public campground provided? ..... ☐ Yes ☐ No

If yes, how many spaces? \_\_\_\_\_

Is 24-hour campground security maintained?..... ☐ Yes ☐ No

**PLEASE SUBMIT A COPY OF THE RULES AND REGULATIONS REGARDING CAMPING CONDUCT.**

17. Does the insured do any off-premises catering? ..... ☐ Yes ☐ No

18. Does the insured self-promote and/or co-promote any concerts? ..... ☐ Yes ☐ No

19. Does the insured operate any Steeplechase events? ..... ☐ Yes ☐ No

20. Does the insured own and/or operate a mechanical bull? ..... ☐ Yes ☐ No

21. Does your facility host or sponsor such events as: mud runs, Urbanathlon, Warrior Dash extreme challenge, or anything similar in exposure? ..... ☐ Yes ☐ No
22. Does your facility lease out/contract their property for events such as: mud runs, Urbanathlon, Warrior Dash, extreme challenge, or anything similar in exposure? ..... ☐ Yes ☐ No
- If yes, do you require a Certificate of Insurance naming you as an Additional Insured? ..... ☐ Yes ☐ No
- Minimum Liability Limits required? ..... ☐ Yes ☐ No
- Do you require coverage to be shown for both General Liability and for Participant Legal Liability?.. ☐ Yes ☐ No
23. Does the event or course involve any man-made challenges/obstacles such as: vehicle vaults, stair climbs, wall climbs, cargo nets, tire runs, drainage pipe crawl throughs or fires/flames of any sort? ..... ☐ Yes ☐ No
24. Does the event or course encounter or encompass any water obstacles such as ponds or water pits requiring the participant to submerge under water at any point? ..... ☐ Yes ☐ No
25. Does the course involve any mud obstacles? ..... ☐ Yes ☐ No

**Please enclose the following items along with this application and forward to K&K Insurance Group, Inc.:**

- ☐ **Copy of all contracts/lease agreements/hold harmless agreements between the track management and any other party with regard to this operation.**
- ☐ **Diagram and photos of track location.**
- ☐ **Written/printed emergency evacuation plan.**
- ☐ **Current schedule of events**
- ☐ **Current financial report.**
- ☐ **Five (5) year detailed loss history from previous carrier.**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



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## HORSE LEGAL LIABILITY APPLICATION

Name of Insured: \_\_\_\_\_

Address of Property: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Fire protection in the barn/backstretch area consists of:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Central Station Alarm        | <input type="checkbox"/> Hydrants on Backstretch   |
| <input type="checkbox"/> Sprinklers         | <input type="checkbox"/> 24-Hour Backstretch Security | <input type="checkbox"/> Hydrants Near Backstretch |
| <input type="checkbox"/> Gong Alarm         | <input type="checkbox"/> Video Surveillance           |  |

2. How many stalls in the barn/backstretch area? \_\_\_\_\_

Number of barns: \_\_\_\_\_ Average number of horses: \_\_\_\_\_ Average value of horse: \_\_\_\_\_

3. Please indicate the percentage of barns that are of the following construction:

_____ % Frame	_____ % Joisted Masonry
_____ % Non-Combustible	_____ % Masonry Non-Combustible
_____ % Modified Fire-Resistive	_____ % Fire Resistive

4. When was the most recent inspection conducted of the tracks base? \_\_\_\_\_

If problems were discovered, what were they? \_\_\_\_\_

What corrective actions were taken? \_\_\_\_\_

5. Is the track cushion groomed after each race and/or training session? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

6. Do you transport horses at any time? ☐ Yes ☐ No

If yes, do you contract with a transportation service? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

7. Has the track been found liable for injury to, or the death of, any horse(s) in the past five years? ☐ Yes ☐ No

If yes, describe the situation: \_\_\_\_\_

**\* Attach a copy of the most current stall agreement.**

8. Please indicate the coverage limits you are requesting:

- |  |                                      |
|--|--------------------------------------|
| <input type="checkbox"/> \$ 10,000 per horse | \$ 100,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$ 25,000 per horse | \$ 100,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$ 25,000 per horse | \$ 250,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$ 50,000 per horse | \$ 250,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$ 50,000 per horse | \$ 500,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$100,000 per horse | \$ 500,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$75,000 per horse  | \$ 750,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$150,000 per horse | \$ 750,000 per occurrence/aggregate  |
| <input type="checkbox"/> \$100,000 per horse | \$1,000,000 per occurrence/aggregate |
| <input type="checkbox"/> \$250,000 per horse | \$1,000,000 per occurrence/aggregate |

Note: The amount of indemnity for any horse shall be determined by the most recent verifiable purchase price of that animal.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

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Applicant's Signature

---

Producer's Signature (if applicable)

---

Applicant's Name (print)

---

Producer's Name (print)

---

Date (MM/DD/YY)

---

Date (MM/DD/YY)



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CA# 0334819

## JOCKEY ACCIDENT MEDICAL PROPOSAL REQUEST FORM

Insured name (as will appear on policy): \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Track name: \_\_\_\_\_

Track address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### PROPOSAL INFORMATION

1. Proposed effective date: \_\_\_\_\_

2. Current accident policy:

Medical maximum \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_ Coinsurance \_\_\_\_\_ %

Disability benefit \$ \_\_\_\_\_ Elimination period: \_\_\_\_\_ Weeks/months payable: \_\_\_\_\_

AD&D benefit \$ \_\_\_\_\_ Special features: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Who is covered? ☐ Jockeys ☐ Trainers ☐ Exercisers ☐ Owners ☐ Other specify other: \_\_\_\_\_

3. Please provide the following information for the current year meet(s):

<u>Meet dates</u>	<u>Number of race days</u>	<u>Number of steeplechase races</u>
1st _____	_____	_____
2nd _____	_____	_____
3rd _____	_____	_____
4th _____	_____	_____

4. List dates of stabling/training days (do not include dates of meets):

<u>Dates</u>	<u>Number of days</u>
_____	_____
_____	_____
_____	_____
_____	_____

5. Please provide the total number of live race days for the prior 5 years.

Year _____	# of Live Race Days _____	Year _____	# of Live Race Days _____
Year _____	# of Live Race Days _____	Year _____	# of Live Race Days _____
Year _____	# of Live Race Days _____		



**TRACK INFORMATION:**

6. Outer rail construction material: \_\_\_\_\_ Outer rail height: \_\_\_\_\_  
Manufacturer of outer rail: \_\_\_\_\_ Date installed: \_\_\_\_\_
7. Inner rail construction material: \_\_\_\_\_ Inner rail height: \_\_\_\_\_  
Manufacturer of inner rail: \_\_\_\_\_ Date installed: \_\_\_\_\_
8. How often is the track inspected? \_\_\_\_\_
9. Are the use of helmets, flak jackets, and goggles mandatory? ☐ Yes ☐ No
10. Does an ambulance: ☐ Yes ☐ No  
a. Follow the field? ☐ Yes ☐ No  
b. Remain stationed trackside? ☐ Yes ☐ No  
c. Other (describe): \_\_\_\_\_
11. Is night or twilight racing conducted? ☐ Yes ☐ No  
a. If yes, is the track equipped with lighting sufficient to illuminate the entire racing surface? ☐ Yes ☐ No  
b. Is there a backup (emergency) lighting system? ☐ Yes ☐ No  
c. Does the backup system automatically activate in the event of a power loss? ☐ Yes ☐ No  
d. How is the power for the backup system generated? \_\_\_\_\_
12. Please provide details of vehicle traffic during workouts and race times: \_\_\_\_\_  
\_\_\_\_\_

**LOSS INFORMATION:**

Policy Period    Premium    Paid Claims    Claims as of    Racing Season Racing Days    Covered Charges

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any claims of more than \$50,000 or other unusual events:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

**Please enclose the following items along with this form and forward to K&K Insurance Group, Inc.:**

- ☐ **Past five years insurance company loss runs**  
☐ **Copy of current policy**

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in this form and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)



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## LEGAL LIABILITY TO PARTICIPANTS

### Horse Racing Supplemental Application

1. Name of track: \_\_\_\_\_
2. Length of main (dirt) course: \_\_\_\_\_  
Length of turf course: \_\_\_\_\_
3. Is night or twilight racing conducted? ☐ Yes ☐ No
  - a. If yes, is the track equipped with lighting sufficient to illuminate the entire racing surface? ☐ Yes ☐ No
  - b. Is there a backup (emergency) light system? ☐ Yes ☐ No
  - c. Does the backup system automatically activate in the event of a power loss? ☐ Yes ☐ No
  - d. How is the power for the backup system generated? \_\_\_\_\_
4. Are outriders positioned on track during all racing/training activity? ☐ Yes ☐ No
5. What percent of races are conducted on the turf course? \_\_\_\_\_%
6. Does an ambulance:
  - a. Follow the field? ☐ Yes ☐ No
  - b. Remain stationed trackside? ☐ Yes ☐ No
  - c. Other (describe) \_\_\_\_\_
7. Is a backup ambulance on-site? ☐ Yes ☐ No
8. If no backup ambulance is on-site, is racing suspended until one is stationed at the track? ☐ Yes ☐ No

#### THE FOLLOWING QUESTIONS PERTAIN TO THE MAIN (DIRT) TRACK:

1. Inner rail construction material: \_\_\_\_\_  
Distance between support posts: \_\_\_\_\_  
How are support posts secured in the ground? \_\_\_\_\_
2. Inner rail design:

<input type="checkbox"/> Fontana Safety Rail	<input type="checkbox"/> Slant (to _____ degrees)
<input type="checkbox"/> Covered Gooseneck	<input type="checkbox"/> Upright
<input type="checkbox"/> Uncovered Gooseneck	<input type="checkbox"/> Other*

\*Please describe if "other": \_\_\_\_\_
3. Height of inner rail above cushion: \_\_\_\_\_
4. Is the rail indicated above in place around the entire track? ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_
5. Number of gates in inner rail? \_\_\_\_\_  
Do the gates look like the rail itself? ☐ Yes ☐ No  
If no, please explain: \_\_\_\_\_  
If the gate rail exceeds 10 feet in length, does it have a center support post? ☐ Yes ☐ No  
How is the gate rail fastened during on-track activity? \_\_\_\_\_
6. Is the top of the rail smooth and free of bolts, jagged edges, gaps, etc? ☐ Yes ☐ No  
Is it of breakaway design? ☐ Yes ☐ No

7. What, if any, objects are within ten feet of the rail? \_\_\_\_\_  
☐ Distance Markers ☐ Steward Stands  
☐ Drainage Ditch ☐ Other, explain: \_\_\_\_\_  
 (Depth \_\_\_\_\_ Width \_\_\_\_\_)
8. Which of these objects are padded, covered or in the case of the distance markers, collapsible? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Please describe placement of the photo-finish mirror: \_\_\_\_\_  
 \_\_\_\_\_  
 Is it of breakaway design? ☐ Yes ☐ No
10. Outer rail construction material: \_\_\_\_\_  
 Distance between support posts: \_\_\_\_\_
11. Outer rail design:  
☐ Fontana Safety Rail ☐ Slant (to \_\_\_\_\_ degrees)  
☐ Covered Gooseneck ☐ Upright  
☐ Uncovered Gooseneck ☐ Other\*  
 \*Please describe if "other": \_\_\_\_\_
12. Height of outer rail above cushion: \_\_\_\_\_
13. Number of gates in outer rail? \_\_\_\_\_  
 Do the gates look like the rail itself? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_
14. If the gate rail exceeds 10 feet in length, does it have a center support post? ☐ Yes ☐ No  
 How is the gate rail fastened during on-track activity? \_\_\_\_\_
15. Does the outer rail completely encircle the track? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_
16. Are any objects mounted on or near the outer rail? ☐ Yes ☐ No  
 If yes, what are they? \_\_\_\_\_

**THE FOLLOWING QUESTIONS PERTAIN TO THE TURF COURSE:**

1. Inner rail construction: \_\_\_\_\_  
 Distance between support posts: \_\_\_\_\_  
 How are support posts secured in the ground? \_\_\_\_\_
2. Inner rail design:  
☐ Fontana Safety Rail ☐ Slant (to \_\_\_\_\_ degrees)  
☐ Covered Gooseneck ☐ Upright  
☐ Uncovered Gooseneck ☐ Other\*  
 \*Please describe if "other": \_\_\_\_\_
3. Height of inner rail above turf: \_\_\_\_\_
4. Is the rail indicated above in place around the entire track? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_  
 Do the gates look like the rail itself? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_

6. Number of gates in inner rail? \_\_\_\_\_  
 If the gate rail exceeds 10 feet in length, does it have a center support post? ☐ Yes ☐ No  
 How is the gate rail fastened during on-track activity? \_\_\_\_\_
7. Is the top of the rail smooth and free of bolts, jagged edges, gaps, etc? ☐ Yes ☐ No
8. What, if any, objects are within ten feet of the rail?  
☐ Distance Markers ☐ Steward Stands  
☐ Drainage Ditch ☐ Other, explain: \_\_\_\_\_  
 (Depth \_\_\_\_\_ Width \_\_\_\_\_)
9. Which of these objects are padded, covered or in the case of the distance markers, collapsible? \_\_\_\_\_
10. Please describe placement of the photo-finish mirror: \_\_\_\_\_  
 \_\_\_\_\_  
 Is it of breakaway design? ☐ Yes ☐ No
11. Outer rail construction material: \_\_\_\_\_  
 Distance between support posts: \_\_\_\_\_
12. Other rail design:  
☐ Fontana Safety Rail ☐ Slant (to \_\_\_\_\_ degrees)  
☐ Covered Gooseneck ☐ Upright  
☐ Uncovered Gooseneck ☐ Other\*  
 \*Please describe if "other": \_\_\_\_\_
13. Height of outer rail above cushion: \_\_\_\_\_
14. Number of gates in outer rail? \_\_\_\_\_  
 Do the gates look like the rail itself? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_
15. If the gate rail exceeds 10 feet in length, does it have a center support post? ☐ Yes ☐ No  
 How is the gate rail fastened during on-track activity? \_\_\_\_\_
16. Does the outer rail completely encircle the track? ☐ Yes ☐ No  
 If no, please explain: \_\_\_\_\_
17. Are any objects mounted on or near the outer rail? ☐ Yes ☐ No  
 If yes, what are they? \_\_\_\_\_
18. Do cross-paths on the turf course have similar appearance and consistency as the rest of the course? ☐ Yes ☐ No  
 If no, explain \_\_\_\_\_
19. Do access paths to the turf course have a similar appearance to the surrounding terrain? ☐ Yes ☐ No

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
 Applicant's Signature

\_\_\_\_\_  
 Producer's Signature (if applicable)

\_\_\_\_\_  
 Applicant's Name (print)

\_\_\_\_\_  
 Producer's Name (print)

\_\_\_\_\_  
 Date (MM/DD/YY)

\_\_\_\_\_  
 Date (MM/DD/YY)



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## SECURITY SUPPLEMENTAL INFORMATION

Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Who is primarily responsible (via contract) for liability coverage of off-duty police? ☐ Insured ☐ Municipality

Who is primarily responsible (via contract) for Workers' Compensation of off-duty police? ☐ Insured ☐ Municipality

Are all the applicant's security guard employees licensed by the state as a security guard? ☐ Yes ☐ No

If no, explain: \_\_\_\_\_

### INCLUDE MAXIMUM NUMBER OF EMPLOYEES AND INDEPENDENT CONTRACTORS

	EMPLOYEES		OFF-DUTY POLICE		OTHER INDEPENDENT CONTRACTORS	
	Armed	Unarmed	Armed	Unarmed	Armed	Unarmed
Full-Time						
Part-Time						

Are background investigations and checks conducted on all employees who perform security duties? \_\_\_ Yes \_\_\_ No

If yes, mark appropriate box:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Criminal Background Checks       | <input type="checkbox"/> Previous Employer | <input type="checkbox"/> Motor Vehicle Report |
| <input type="checkbox"/> Fingerprints                     | <input type="checkbox"/> Drug Screening    | <input type="checkbox"/> Personal Reference   |
| <input type="checkbox"/> Background Cleared Prior to Hire | <input type="checkbox"/> Other _____       |   |

What firearm training is required for armed security employees? \_\_\_\_\_

\_\_\_\_\_

Does applicant have a formal training program for security employees? \_\_\_ Yes \_\_\_ No

If yes, explain or attach a copy of training manual.

\_\_\_\_\_

Provide number of dogs to be used in your security operations \_\_\_\_\_

During the past four years, have any claims been presented to your current or prior insurance carrier for security related incidents? \_\_\_ Yes \_\_\_ No. If yes, explain those incidents in detail below or provide a separate exhibit.

\_\_\_\_\_

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

Applicant's Signature

Producer's Signature (if applicable)

Applicant's Name (print)

Producer's Name (print)

Date (MM/DD/YY)

Date (MM/DD/YY)

1096 (10/03)



## LIQUOR LIABILITY APPLICATION

1. Named Insured as it is to appear on policy: \_\_\_\_\_  
Telephone Number: ( \_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_ ) \_\_\_\_\_
2. Name Liquor License is in: \_\_\_\_\_
3. Liquor License Number: \_\_\_\_\_ Class of License: \_\_\_\_\_
4. Is coverage for a specific event? ☐ Yes ☐ No If yes, explain what kind of event, where event will be held and date of event(s). \_\_\_\_\_
5. Opening and closing hours of event(s) (for each event): \_\_\_\_\_
6. Opening and closing hours of alcoholic beverage sales for each event. (Must cease a minimum of 1/2 hour before event closing). \_\_\_\_\_
7. Has applicants' alcohol beverage license ever been revoked, suspended or fined? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
8. Has applicant incurred claims for liquor liability during the last three years? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
9. Has any insurer cancelled or non-renewed coverage during the last three years? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
10. Type of alcohol beverages sold: \_\_\_\_\_ What proof: \_\_\_\_\_
11. Annual Gross Sales:
- | Event | Alcoholic Beverage Sales | Food Sales |
|-------|--------------------------|------------|
| _____ | \$ _____                 | \$ _____   |
| _____ | \$ _____                 | \$ _____   |
| _____ | \$ _____                 | \$ _____   |
| _____ | \$ _____                 | \$ _____   |
12. Are patrons allowed to carry alcoholic beverages onto the premises? ☐ Yes ☐ No  
If yes, what type? \_\_\_\_\_
13. Do you maintain security personnel at event entry check points? ☐ Yes ☐ No  
If yes, what type? \_\_\_\_\_  
Do they exercise the right of search and seizure of contraband items? ☐ Yes ☐ No  
If yes, how do they notify the public of this? \_\_\_\_\_
14. Are the alcohol sales and consumption contained by fencing within one fixed site or are booths/stands located throughout the event site (at each event)? ☐ Yes ☐ No
15. If site is completely enclosed, are minors allowed to enter? ☐ Yes ☐ No

(Continued on next page)

16. Are the servers professional (two years bartending experience or more)? ☐ Yes ☐ No  
Are the servers non-professional (less than 2 years or no bartending experience)? ☐ Yes ☐ No  
Explain: \_\_\_\_\_
17. Name the formal awareness training program that the servers receive: \_\_\_\_\_  
\_\_\_\_\_
18. At what point of sale are I.D.'s checked? \_\_\_\_\_
19. Are rules and regulations clearly displayed for patrons' viewing? ☐ Yes ☐ No  
Explain: \_\_\_\_\_
20. In what size container is the alcoholic beverage served at each event? ☐ Cup \_\_\_\_\_ oz. ☐ Pitcher ☐ Other: \_\_\_\_\_
21. Can patrons purchase more than two alcoholic beverages at one time? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
22. Is there any type of designated driver program in effect? ☐ Yes ☐ No  
Explain: \_\_\_\_\_
23. Is there any other Liquor Liability coverage being provided? ☐ Yes ☐ No  
If yes, explain and attach a copy of the certificate of insurance: \_\_\_\_\_
24. Liability limits requested \$\_\_\_\_\_ (per occurrence) \$\_\_\_\_\_ (aggregate)

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Producer's Signature (if applicable)

\_\_\_\_\_  
Applicant's Name (print)

\_\_\_\_\_  
Producer's Name (print)

\_\_\_\_\_  
Date (MM/DD/YY)

\_\_\_\_\_  
Date (MM/DD/YY)

**THE NOTICES CONTAINED ON THIS SUPPLEMENT APPLY TO ALL UNDERWRITING INFORMATION BEING SUBMITTED TO K&K INSURANCE GROUP, INC., INCLUDING APPLICATIONS, QUESTIONNAIRES AND ENROLLMENT FORMS, FOR THE FOLLOWING PERSON OR ENTITY:**

*Applicant name:* \_\_\_\_\_

## **FRAUD WARNING**

Any person who knowingly and with intent to defraud any Insurance Company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, MN, NJ, NM, NY, OH, OK, OR, PA, RI, TN, VA, VT, WA, and WV) (Insurance benefits may also be denied in LA, ME, TN, and VA.).

### **Applicable in AL, AR, DC, LA, MD, NM, RI, and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in CA**

For your protection, California law requires that you be advised of the following: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

### **Applicable in CO**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

### **Applicable in FL and OK**

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)\*. \*Applies in FL Only.

### **Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented, or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker, or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Applicable in KY, NY, OH and PA**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

### **Applicable in ME, TN, VA and WA**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)\* include imprisonment, fines, and denial of insurance benefits. \*Applies in ME Only.

### **Applicable in MN**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

### **Applicable in VT**

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

MARKEL FRAUD APPS (2024/01)



# NOTICE - PLEASE READ CAREFULLY

NO FACT, CIRCUMSTANCE, OR SITUATION INDICATING THE PROBABILITY OF A CLAIM OR ACTION FOR WHICH COVERAGE MAY BE AFFORDED BY THE PROPOSED INSURANCE IS NOW KNOWN BY ANY PERSON(S) OR ORGANIZATION(S) PROPOSED FOR THIS INSURANCE OTHER THAN THAT WHICH IS DISCLOSED IN THIS APPLICATION. IT IS AGREED BY ALL CONCERNED THAT IF THERE IS KNOWLEDGE OF ANY SUCH FACT, CIRCUMSTANCE, OR SITUATION, ANY CLAIM SUBSEQUENTLY EMANATING THEREFROM WILL BE EXCLUDED FROM COVERAGE UNDER THE PROPOSED INSURANCE.

FOR THE PURPOSE OF THIS APPLICATION, THE UNDERSIGNED AUTHORIZED AGENT OF THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE DECLARES THAT TO THE BEST OF THEIR KNOWLEDGE AND BELIEF, AFTER REASONABLE INQUIRY, THE STATEMENTS IN THIS APPLICATION AND IN ANY ATTACHMENTS, ARE TRUE AND COMPLETE. THE INSURER AND AFFILIATES THEREOF ARE AUTHORIZED TO MAKE ANY INQUIRY IN CONNECTION WITH THIS APPLICATION. SIGNING THIS APPLICATION DOES NOT BIND THE INSURER TO PROVIDE OR THE ORGANIZATION TO PURCHASE THE INSURANCE.

THIS APPLICATION, INFORMATION SUBMITTED WITH THIS APPLICATION, AND ALL PREVIOUS APPLICATIONS AND MATERIAL CHANGES THERETO ARE CONSIDERED PHYSICALLY ATTACHED TO AND PART OF THE POLICY IF ISSUED. THE INSURER HAVE RELIED UPON THIS APPLICATION AND ALL SUCH ATTACHMENTS IN ISSUING THE POLICY.

IF THE INFORMATION IN THIS APPLICATION AND ANY ATTACHMENT MATERIALLY CHANGES BETWEEN THE DATE THIS APPLICATION IS SIGNED AND THE EFFECTIVE DATE OF THE POLICY, THE ORGANIZATION WILL PROMPTLY NOTIFY THE INSURER OR ITS AUTHORIZED REPRESENTATIVE, WHO MAY MODIFY OR WITHDRAW ANY OUTSTANDING QUOTATION OR AGREEMENT TO BIND COVERAGE.

THE UNDERSIGNED DECLARES THAT THE PERSON(S) AND ORGANIZATION(S) PROPOSED FOR THIS INSURANCE UNDERSTAND THAT: THE POLICY FOR WHICH THIS APPLICATION IS MADE APPLIES ONLY TO CLAIMS FIRST MADE DURING THE POLICY PERIOD.

## REPRESENTATION

The undersigned represents to the Insurer that the person(s) and organization(s) proposed for this insurance understand and accept the notice stated above and further represents that the information contained herein is true and will be the basis of the policy and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy.

The undersigned authorizes the release of claim information from any prior insurer to the Insurer.

This application is signed by undersigned authorized agent of the organization(s) on behalf of the organization(s) and its, directors, officers, and employees.

I understand that K&K Insurance Group, Inc., for the insuring company, shall be permitted but not obligated to inspect a proposed insured's, or an insured's, property and operations for underwriting purposes at any time. Neither the right to make an underwriting inspection nor the making thereof nor any report thereon shall constitute an undertaking, on behalf of or for the benefit of any insured, or other, to determine or warrant that such property or operations are safe or healthful, or in compliance with any standards, rules or regulations. Underwriting inspections when conducted are for the sole purpose of determining and/or improving the insurability of certain property and operations and not safety. I also understand that an insured is solely responsible for the safety of its facilities and operations and shall not rely upon any underwriting inspections to determine the safety of its facilities or operations and shall not diminish or forego its own safety practices and procedures.

I understand that the insurance company in determining whether to provide a quotation for insurance coverage will rely on the information contained in the application and all other information being submitted. I hereby warrant, represent and confirm that, to the best of my knowledge, all information provided is complete, true and correct.

I also understand that no insurance will be in effect unless and until the insurance company, or K&K as its agent, provides a quotation offering to provide insurance coverage and the insurance company, or K&K as its agent, receives written notice that the terms and conditions contained in the insurance quotation provided are accepted.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRODUCER'S SIGNATURE (if applicable)

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE (MM/DD/YY)

\_\_\_\_\_  
DATE (MM/DD/YY)